

EXHIBIT 10

ACCIDENT REPORT

Dec. 5 2013 Case 8:13-cv-01854-PJM Document 30-16 Filed 08/29/14 Page 2 of 5
 Carefully read instructions in the attached booklet. Items marked with an asterisk (*) must be answered using codes in the attached booklet.

U.S. POSTAL SERVICE

ACCIDENT REPORT

1. Post Office, Station, Branch, Unit (City, State and Zip + 4)

Southern MD GMF

50. Md. P+DC

9201 Lodgesworth Drive

Cap. Hgts., Md. 20790-9999

2. Finance Number

237481

3. Installation ID

8916

4. Accident Number

080041

General Information

5. Kind of Accident

1. Motor Vehicle
 2. Natural Event
 3. Industrial
 4. Other

9. Ownership of Damaged Property

a. Postal b. Non-Postal

. — | . —

6. Fire Involved?

1. No
 2. Building & Contents
 3. Other

7. Accident Resulted in:

1. Personal Injury Only
 2. Property Damage Only
 3. Personal Injury & Property Damage
 4. No Case (No Injury/No Damage)

8. Was On-Site Investigation conducted by Immediate Supervisor?

1. Yes 2. No

10. Estimated Property Damage (round to nearest dollar)

a. Postal b. Non-Postal

\$ — | \$ —

11. Accident Date

Mo. Day Yr.

12. Time of Day—24 Hour Military

13. Day of Week

1. Sun 2. Mon 3. Tues 4. Wed5. Thurs 6. Fri 7. Sat

Accident Location and Conditions

14. Weather

. 9

15. General Description of Accident Area

. 9

16. Building

. 0 8

Where Did Accident Happen?

. 0 8

17. Work Location

. 4 9

18. Specific Description of Accident Area

. 9

19. Rte/Sched/Op. No.

. 9

19a. Delivery Route

. 2 1 8

19b. Emp. Op. No.

. 0 3

20. Light

. 9 8

21. Surface

. 0 1

22. Surface Conditions

. 0 1

23. Circumstances Leading to Injury or Damage

. 1 5 2

24. Item Causing Actual Injury or Damage

. 0 5 0

25. Hazardous Situation Directly Related to Accident

. 9 9

26. Defective or Hazardous Equipment or Material Related to the Accident

. 8 8

Motor Vehicle Accident Information

(If no vehicle was involved in the accident, skip this section) (Items 28, 35 + 36 are reserved)

27. Total No. of Vehicles Involved (Reserved)

. —

28. Vehicle Type

. —

30. Vehicle Path

. —

31. Were Seat Belts in Use?

1. Yes
 2. No

32. Roll Over

1. Without Collision
 2. Before Collision
 3. After Collision
 4. No Roll Over

33. Employee Ejected from Vehicle

1. Partial
 2. Complete
 3. Not Ejected

34. Area of Impact

. —

Involved Person(s) Information

37. Total No. of Accident Reports

0 2

38. Person I.D. No.

0 2

39. If Vehicle Accident Person Described Here Was:

1. Pedestrian
 2. Driver
 3. Passenger

40. Name (Last Name, First, MI)

Customer A

41. Age

48

42. Sex

1. Male
 2. Female

43. Des. & Activ.

. 0 0 1

44. Injury/Illness Severity

. 7

45. Nature of Most Severe Injury

. 1 1

46. Part of Body Affected

. 4 9

47. Unsafe Personal Factors

. 4 9

48. Unsafe Practice

. 8 8

49. Social Security No. (Employee Only)

999 99 599 88

999 99 6210

50. Was Employee on Overtime Status?

1. Yes 2. No

51. Postal Service Experience

Years Mos.

52. Hours of Safety Training

. —

53. Five Year Postal Accident Record

No. Prior Vehicle Accidents No. Prior Industrial Accidents

54. Pay Location

. —

55. LDC/FON Code

. —

Accident Factor(s) & Corrective Actions on Pages 1 & 2 of Form Have Been Reviewed & Are Concurred With.

56. Supervisor's Signature

Marshall R. Boston

Date

12-3-07

Supervisor's SSN

578-96-0415

57. Next Higher Level Mgr. Signature

Shawn R.

Date

12-3-07

58. Supervisor's Printed Name

Marshall R. Boston

Telephone No.

301-4997719

59. MSC Safety Officer's Signature

Jen D. Bandy

Date

12/10/07

60. Is a JSA on File?

1. Yes 2. No61. Preventive Action cident
nber

000047

(Explain how the preventive action will eliminate or reduce cause(s) and prevent similar accidents)

Narrative/Complete Description of Accident

(Describe accident, events leading to accident, causes of injury or damage, and specific location of accident—Provide the who, what, when, where, why, and how of this accident)

On 12/3/07 at approximately 2040, Larry Dudley who is a BMEU customer was placing a skid a mail on the floor with a hand jack. As he moved the mail to the scale, he then proceeded to drop the mail on the scale and return the hand jack to the BMEU entrance. In the process of turning left, James Lyons was backing his forklift and backed into Mr. Dudley striking him in his right, lower extremities.

Hospital/Physician Information

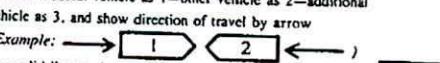
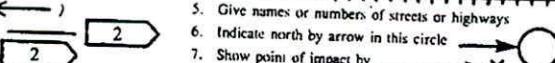
Hospital/Physician Name Doctor's Comm. Hosp.	Address 8118 Good Luck Road	Area Code & Telephone No. 301-552-8665
Treatment Date 12-3-07	Diagnosis Contusion to lower right extremity	Duty Status

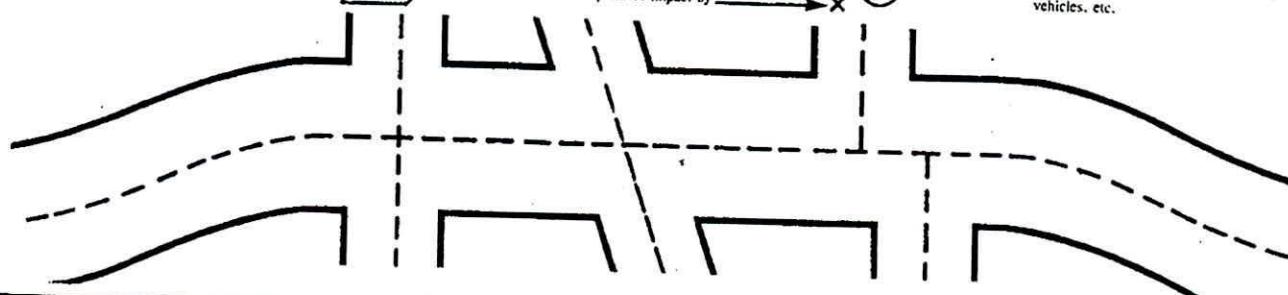
Hazardous Conditions and/or Equipment, Materials, Etc.

(Specify equipment with manufacturer name, model no., serial no., and year made. Where applicable, include vehicle ID no.)

Vehicle Diagram (For use in motor vehicle accidents)

(Indicate on the diagram below what happened. NOTE: Vehicle driven by postal employee is identified as Federal No. 1 regardless of ownership)

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow
(Example: 
2. Use solid line to show path before accident
Broken line after accident 
3. Show pedestrian by 
4. Show railroad by 
5. Give names or numbers of streets or highways
6. Indicate north by arrow in this circle 
7. Show point of impact by 
8. Indicate skid marks & lengths
9. Indicate type & path of ejection
10. Traffic controls (signals, sign, officer, etc.)
11. Show width of roadway, traffic flow, parked vehicles, etc.



Key: *Accident*

► Carefully read instructions in the attached booklet. Items marked with an asterisk (*) must be answered using codes in the attached booklet.

U.S. POSTAL SERVICE

ACCIDENT REPORT

Post Office, Station, Branch, Unit (City, State and Zip + 4)

2. Finance Number

3. Installation ID

Southern Maryland CUF

23748L

EQ16

So. Md. P+DC

20790-9998

4. Accident Number

9201 Ledgeworth Drive Cap. Hgts., Md.

080041

15A

General Information

5. Kind of Accident

1. Motor Vehicle
2. Natural Event
3. Industrial
4. Other

6. Fire Involved?

1. No
2. Building & Contents
3. Other

7. Accident Resulted in:

1. Personal Injury Only
2. Property Damage Only
3. Personal Injury & Property Damage
4. No Case (No Injury/No Damage)

8. Was On-Site Investigation conducted by Immediate Supervisor?

1. Yes 2. No

9. Ownership of Damaged Property

10. Estimated Property Damage (round to nearest dollar)

a. Postal

a. Postal

b. Non-Postal

b. Non-Postal

11. Accident Date

Mo. Day Yr.

12. Time of Day-24 Hour Military

Mo. Day Yr.

13. Day of Week

1. Sun 2. Mon 3. Tues 4. Wed
5. Thurs 6. Fri 7. Sat

Accident Location and Conditions

14. Weather

.9

15. General Description of Accident Area

.9

Where Did Accident Happen?

.D8

21. Surface

.DL

22. Surface Conditions

.DL

16. Building

.9

17. Work Location

.49

18. Specific Description of Accident Area

.9

19. Rte/Sched/Op. No.

19a. Delivery Route
19b. Emp. Op. No.

20. Light

.D3

23. Circumstances Leading to Injury or Damage

800
D.D1

24. Item Causing Actual Injury or Damage

.D50

25. Hazardous Situation Directly Related to Accident

.97

26. Defective or Hazardous Equipment or Material Related to the Accident

.98
D8Motor Vehicle Accident Information
(If no vehicle was involved in the accident, skip this section) (Items 28, 35 + 36 are reserved)

27. Total No. of Vehicles Involved

(Reserved)

28. Vehicle Type

30. Vehicle Path

31. Were Seat Belts in Use?

32. Roll Over

33. Employee Ejected from Vehicle

34. Area of Impact

1. Yes
2. No

1. Without Collision
2. Before Collision
3. After Collision
4. No Roll Over

1. Partial
2. Complete
3. Not Ejected

Involved Person(s) Information

37. Total No. of Accident Reports

38. Person I.D. No.

39. If Vehicle Accident Person Described Here Was:

40. Name
(Last Name, First, MI)

41. Age

42. Sex

.02

.D1

1. Pedestrian
2. Driver
3. Passenger

Lyon, James W

.01

1. Male
2. Female

43. Des. & Activ.

44. Injury/Illness

Severity

45. Nature of Most Severe Injury

46. Part of Body Affected

47. Unsafe Personal Factors

48. Unsafe Practice

49. Social Security No.
(Employee Only)

.120

.01

.D D

.D D

.01

.43

.6

228-84-2038

50. Was Employee on Overtime Status?

51. Postal Service Experience

Years Mos.

52. Hours of Safety Training

53. Five Year Postal Accident Record

54. Pay Location

55. LDC/FON Code

1. Yes
2. No

.28 08

8 D

No. Prior Vehicle Accidents

.00

No. Prior Industrial Accidents

.00

.753

17 DD

Accident Factor(s) & Corrective Actions on Pages 1 & 2 of Form Have Been Reviewed & Are Concurred With.

66. Supervisor's Signature

Date

Supervisor's SSN

67. Next Higher Level Mgr. Signature

58. Supervisor's Printed Name

Date

Telephone No.

59. MSC Safety Officer's Signature

PS Form 1769, September 1991 (p. 1 of 2)

Date

.3-991-7718

Date

USA00023

60. Is a JSA on File?

1. Yes 2. No61. Preventive Action D1Accident
Number

080041

(Explain how the preventive action will eliminate or reduce cause(s) and prevent similar accidents)

It will establish proper job procedures for the task and motivate employees to properly perform task.

Narrative/Complete Description of Accident

(Describe accident, events leading to accident, causes of injury or damage, and specific location of accident—Provide the who, what, when, where, why, and how of this accident)

On 12-3-07 at approximately 2040, Larry Dudley who is a BMEN (Customer) was placing a skid of mail on the floor with a hand truck. When he proceeded to drop the mail on the scale and return the hand truck along the wall separating BMEN from doorway 3. As he turned left James Lyons was backing his forklift and backed up to Mr. Dudley.

W

Hospital/Physician Information

Hospital/Physician Name	Address	Area Code & Telephone No.
Treatment Date	Diagnosis	Duty Status

Hazardous Conditions and/or Equipment, Materials, Etc.

(Specify equipment with manufacturer name, model no., serial no., and year made. Where applicable, include vehicle ID no.)

Vehicle Diagram (For use in motor vehicle accidents)

(Indicate on the diagram below what happened. NOTE: Vehicle driven by postal employee is identified as Federal No. 1 regardless of ownership)

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5. Give names or numbers of streets or highways

6. Indicate north by arrow in this circle

7. Show point of impact by

8. Indicate skid marks & lengths

9. Indicate type & path of ejection

10. Traffic controls (signals, sign, officer, etc.)

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